

Charles M. Arlinghaus Commissioner (603) 271-3201

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street - Room 120
Concord, New Hampshire 03301
Office@das.nh.gov

Joseph B. Bouchard Assistant Commissioner (603) 271-3204

Catherine A. Keane Deputy Commissioner (603) 271-2059

Division of Public Works
Design and Construction
Project No. 80984-B

July 19, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

### **REQUESTED ACTION**

- 1.) Authorize the Division of Public Works Design and Construction to enter into a contract with D. L. King & Associates Inc., (VC# 168979) Nashua, New Hampshire, for a total price not to exceed \$614,000, for the New Hampshire Veterans Home Security Infrastructure Improvements and Fire Barrier Repairs, Tilton, New Hampshire. This contract is effective upon Governor and Council approval through June 30, 2020, unless extended in accordance with the contract terms. 100% General Capital Funds
- 2.) Further authorize that a contingency in the amount of \$216,000 be approved for unanticipated expenses for the New Hampshire Veterans Home Security Infrastructure Improvements and Fire Barrier Repairs bringing the total to \$830,000. 100% General Capital Funds
- 3). Further authorize the amount of \$27,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$857,000. 100% General Capital Funds.

Funding is available in account titled Veterans Home as follows:

| 05-43-43-430030-16790000 Equipment Upgrades | 2  | SFY20   |
|---|----|---------|
| 034-500162 – Repair/Renovations Bldgs.      | \$ | 614,000 |
| 034-500162 - Contingency                    |    | 216,000 |
| 034-500162 – Interagency/DPW Fees           |    | 27,000  |
| Grand Total                                 | S  | 857.000 |

His Excellency, Governor Christopher T. Sununu and the Honorable Council July 19, 2019 Page 2 of 2

#### **EXPLANATION**

This project will perform all work associated with security infrastructure improvements and repair of smoke rated barriers at the NH Veterans Home, including physical access control, video surveillance, with associated equipment. The work also includes security improvements at the main lobby.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the New Hampshire Veterans Home has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,

Charles M. Arlinghaus Commissioner

Department Estimate: \$1,030,000 Contract Amount: \$614,000 Under Estimate: \$416,000

### CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT:

DPW Project No. 80984, Contract B – Veterans Home Security Infrastructure Improvements and Fire Barrier Repairs, Tilton, New Hampshire.

**DESCRIPTION:** 

The work of this project includes security infrastructure improvements and repair of fire and smoke rated walls at the New Hampshire Veterans Home, Tilton, New Hampshire, including physical access control and video surveillance, with associated equipment. The work also includes security improvements at the main lobby.

**EXPLANATION:** 

This project improves security by adding proximity card readers, video surveillance cameras, and the physical hardening of the main lobby reception area. Safety and compliance are improved by repairing walls in the LEDU building to meet life safety and NFPA fire code requirements.

### **UNDER ESTIMATE**

**EXPLANATION:** 

There were a total of four contractors that submitted bids for this project. The average of the four bids was 7.8% above the estimate.

DEPARTMENT

ESTIMATE:

\$1,030,000

LOW BID:

\$ 614,000

## **ABC Bid Data**



TILTON 80984B NON-FEDERAL

PROJECT: STATE PROJECT NUMBER:

TILTON FED. PROJECT NUMBER:

809848 NON-FEDERAL May 15, 2019, 02:00 PM

DATE BIDS OPEN: SCOPE OF WORK:

VETERANS HOME SECURITY INFRASTRUCTURE IMPROVEMENTS & FIRE BARRIER REPAIRS

COMPLETION DATE: LOCATION:

June 30, 2020 Bellunap

### Summary of Bidders

| Contractor                                 | Bid Amount     | Rank |
|--|----------------|------|
| D. L. KING & ASSOCIATES INC.               | \$614,000.00   | A    |
| 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044  |                |      |
| BROOKSTONE BUILDERS, INC.                  | \$783,015.00   | В    |
| 600 HARVEY ROAD, MANCHESTER NH 03103-3320  |                |      |
| TÜRNSTONE CORPORATION                      | \$1,514,200.00 | С    |
| 479 NASHUA STREET, MILFORD NH 03055-3705   |                |      |
| MERIDIAN CONSTRUCTION CORP.                | \$1,531,043.00 | D    |
| 32 ARTISAN COURT #4, GILFORD NH 03249-6603 | ,              |      |

| BUREAU OF PUBLIC WORKS                  |          |
|---|----------|
| Award to D. L. King & ASSOC. Inc        | <u>'</u> |
| Hold for Negotiation                    |          |
| Jser Agency Vots Home                   |          |
|   |          |
| Authorized by                           |          |
| 1 |          |

Certified by:

|          |  |             |              | PS&            | LE .           | 27 TANGLE    | SSOCIATES INC.<br>WOOD DRIVE<br>IH 03062-1044 | BROOKSTONE BUILDERS, INC.<br>600 HARVEY ROAD<br>MANCHESTER, NH 03103-3320 |              |  |
|----------|--|-------------|--------------|----------------|----------------|--------------|---|---|--------------|--|
| item No. | Description  | Unit        | Quantity     | Unit Price     | Total          | Unit Price   | Total   | Unit Price  | Total        |  |
| Items    |  |             |              |                |                |              |   |   |              |  |
| 901      | VIDEO SURVEILLANCE SYSTEM  | U           | 1.00         | \$307,500.00   | \$307,500.00   | \$131,000.00 | \$131,000.00                                  | \$167,089.00  | \$167,089.00 |  |
| 902      | PHYSICAL ACCESS SYSTEM   | U           | 1.00         | \$251,000.00   | \$251,000.00   | \$152,000.00 | \$152,000.00                                  | \$180,559.00  | \$180,559.00 |  |
| 903      | LOBBY SECURITY UPGRADES  | U           | 1.00         | \$110,000.00   | \$110,000.00   | \$141,000.00 | \$141,000.00                                  | \$144,690.00  | \$144,690.00 |  |
| 904      | LEDU BUILDING FIRE BARRIER REPAIRS   | v           | 1.00         | \$310,000.00   | \$310,000.00   | \$131,000.00 | <b>\$</b> 131,000.00                          | \$229,416.00  | \$229,416.00 |  |
| 905      | UNIT COST PER CAMERA, INSTALLED  | υ           | 1.00         | \$2,500.00     | \$2,500.00     | \$6,000.00   | \$6,000.00                                    | \$6,916.00  | \$6,916.00   |  |
| 906      | UNIT COST PER DOOR FOR PHYSICAL ACCESS, INSTALLED  | V           | 1.00         | \$4,000.00     | \$4,000.00     | \$8,000.00   | \$8,000.00                                    | \$9,345.00  | \$9,345.00   |  |
| 907      | ALLOWANCE #1 FOR UNFORESEEN CONDITIONS<br>& OWNER INITIATED CHANGES - SECURITY<br>IMPROVEMENTS | \$          | 20,000.00    | \$1.00         | \$20,000.00    | \$1.00       | \$20,000.00                                   | \$1.00  | \$20,000.00  |  |
| 908      | ALLOWANCE #2 FOR UNFORESEEN CONDITIONS<br>& OWNER INITIATED CHANGES - FIRE BARRIER<br>REPAIRS  |             | 25,000.00    | \$1.00         | \$25,000.00    | \$1.00       | \$25,000.00                                   | \$1.00  | \$25,000.00  |  |
|          |  | <del></del> | Totals:      | \$1,030,000.00 |                | \$614,000.   |   |   | \$783,015.00 |  |
|          |  |             | Alt. Totals: |                |                |              |   |   |              |  |
|          |  |             | Totals:      |                | \$1,030,000,00 |              | \$614,000,00                                  | \$783,015,00  |              |  |

Wednesday, Play 13, 2019 Page 1 of 1

|          |   |      |              | PS           | RE             | 479 NASH       | CORPORATION<br>IUA STREET<br>IH 03055-3705 | MERIDIAN CONSTRUCTION CORP.<br>32 ARTISAN COURT #4<br>GILFORD, NH 03249-6603 |                     |  |
|----------|---|------|--------------|--------------|----------------|----------------|--|--|---------------------|--|
| Item No. | Description   | Unit | Quantity     | Unit Price   | Total          | Unit Price     | Total                                      | Unit Price   | Total               |  |
| Items    |   |      |              |              |                |                |  |  | <u> </u>            |  |
| 901      | VIDEO SURVEILLANCE SYSTEM   | U    | 1.00         | \$307,500.00 | \$307,500.00   | \$201,000.00   | \$201,000.00                               | \$238,385.00   | \$238,385.00        |  |
| 902      | PHYSICAL ACCESS SYSTEM  | U    | 1.00         | \$251,000.00 | \$251,000.00   | \$571,000.00   | \$571,000.00                               | \$771,951.00   | \$771,951.00        |  |
| 903      | LOBBY SECURITY UPGRADES   | U    | 1.00         | \$110,000.00 | \$110,000.00   | \$211,000.00   | \$211,000.00                               | \$180,906.00   | \$180,906.00        |  |
| 904      | LEDU BUILDING FIRE BARRIER REPAIRS  | U    | 1.00         | \$310,000.00 | \$310,000.00   | \$448,900.00   | \$448,900.00                               | \$273,625.00   | \$273,625.00        |  |
| 905      | UNIT COST PER CAMERA, INSTALLED   | U    | 1.00         | \$2,500.00   | \$2,500.00     | \$16,000.00    | \$16,000.00                                | \$8,773.00   | \$8,773.00          |  |
| 906      | UNIT COST PER DOOR FOR PHYSCIAL ACCESS, INSTALLED   | U    | 1.00         | \$4,000.00   | \$4,000.00     | \$21,300.00    | \$21,300.00                                | \$12,403.00  | <b>\$</b> 12,403.00 |  |
| 907      | ALLOWANCE \$1 FOR UNFORESEEN CONDITIONS<br>& OWNER INITIATED CHANGES - SECURITY<br>IMPROVEMENTS | \$   | 20,000.00    | \$1.00       | \$20,000.00    | \$1.00         | \$20,000.00                                | \$1.00   | \$20,000.00         |  |
| 908      | ALLOWANCE #2 FOR UNFORESEEN CONDITIONS<br>& OWNER INITIATED CHANGES - FIRE BARRIER<br>REPAIRS   | \$   | 25,000.00    | \$1.00       | \$25,000.00    | \$1.00         | \$25,000.00                                | \$1.00   | \$25,000.00         |  |
|          |   |      | Totals:      |              | \$1,030,000.00 |                | \$1,514,200.00                             | 0 \$1,531,043  |                     |  |
|          |   |      | Alt. Totals: |              |                |                |  |  |                     |  |
|          |   |      | Totals:      |              | \$1,030,000.00 | \$1,514,200.00 |  | 0.00 \$1,6   |                     |  |



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER                |     |                              | CONTACT Renee Skillings, CRIS                  |                             |        |
|-------------------------|-----|------------------------------|--|-----------------------------|--------|
| THE ROWLEY AGENCY INC.  |     |                              | PHONE (A/G, No. Ext): (603) 224-2562           | FAX<br>(AJC, No): (603) 224 | -8012  |
| 45 Constitution Avenue  |     |                              | E-MAIL<br>ADDRESS: rskillings@rowleyagency.com |                             |        |
| P.O. Box 511            |     | •                            | INSURER(S) AFFORDING COVERAGE                  |                             | NAIC # |
| Concord                 | NH  | 03302-0511                   | INSURERA: Arbella Insurance Group              |                             |        |
| INSURED                 |     |                              | INSURER 8: Arbella Protection Ins Co           |                             | 41360  |
| D.L. King & Associates, | Inc | •                            | INSURER C:                                     |                             |        |
| 27 Tanglewood Drive     |     | ,                            | INSURER D:                                     |                             |        |
| _                       |     |                              | INSURER E :                                    |                             |        |
| Nashua                  | NH  | 03062                        | INSURER F:                                     |                             |        |
| COVERACES               |     | CERTIFICATE NUMBER-18-10 -11 | lines REVISION NUM                             | BER.                        |        |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | R TYPE OF INSURANCE       |  |     | SUBR   | POLICY NUMBER            | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DOYYYY) | LIMIT  | 8  |           |
|-------------|---------------------------|--|-----|--|--------------------------|------------------------------|---------------------------|--|----|-----------|
|             | x                         | COMMERCIAL GENERAL LIABILITY                     |     |  |                          |                              |                           | EACH OCCURRENCE                              | \$ | 1,000,000 |
| A           |                           | CLAIMS-MADE X OCCUR                              |     |  |                          | <u> </u>                     |                           | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ | 100,000   |
|             |                           |  |     |  | 8500062916               | 9/3/2018                     | 9/3/2019                  | MED EXP (Any one person)                     | \$ | 5,000     |
|             |                           |  |     |  |                          |                              |                           | PERSONAL & ADV INJURY                        | \$ | 1,000,000 |
|             | GEN                       | YL AGGREGATE LIMIT APPLIES PER:                  |     |  |                          |                              |                           | GENERAL AGGREGATE                            | \$ | 2,000,000 |
|             |                           | POLICY X PRO- LOC                                |     |  |                          |                              |                           | PRODUCTS - COMP/OP AGG                       | s  | 2,000,000 |
|             |                           | OTHER:   |     |  |                          |                              |                           | , \  | \$ |           |
|             | AUT                       | OMOBILE LIABILITY                                |     |  |                          |                              |                           | COMBINED SINGLE LIMIT<br>(Ea accident)       | 5  | 1,000,000 |
| В           | x                         | ANY AUTO   |     |  |                          | 1                            |                           | BODILY INJURY (Per person)                   | \$ | -         |
| Б           |                           | ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS        |     | mos   AUTOS   1020032951   9/3/2018   9/3/2018   000011   100011 |                          | BODILY INJURY (Per accident) | \$                        |  |    |           |
|             | П                         |  |     |  |                          |                              |                           | PROPERTY DAMAGE<br>(Per eccident)            | \$ |           |
|             |                           |  |     |  |                          | <u> </u>                     |                           |  | s  |           |
|             | х                         | UMBRELLA LIAB OCCUR                              |     |  |                          |                              |                           | EACH OCCURRENCE                              | \$ | 5,000,000 |
| A           |                           | EXCESS LIAB CLAIMS-MADE                          |     |  | 4600062918               | 9/3/2018                     | 9/3/2019                  | AGGREGATE<br>PRODUCTS-COMPTOP AGG            | \$ | 5,000,000 |
|             |                           | DED X RETENTION \$ 10,000                        |     |  |                          |                              |                           |  | \$ | 5,000,000 |
|             |                           | KERS COMPENSATION EMPLOYERS' LIABILITY           |     |  | 4220057417               | 9/3/2018                     | 9/3/2019                  | X PER OTH-                                   |    | -         |
|             | ANY                       | PROPRIETOR/PARTNER/EXECUTIVE                     | N/A |  | 3A States: NH/MA         |                              |                           | E.L. EACH ACCIDENT                           | \$ | 1,000,000 |
|             | (Man                      | datory in NH)                                    |     |  | Excluded Officers:       |                              |                           | E.L. DISEASE - EA EMPLOYEE                   | \$ | 1,000,000 |
|             | If yes                    | , describe under<br>CRIPTION OF OPERATIONS below |     |  | Donna & Arthur King, Jr. |                              |                           | EL DISEASE - POLICY LIMIT                    | \$ | 1,000,000 |
| λ           | A LEASED/RENTED EQUIPMENT |  |     |  | 8500062916               | 9/3/2018                     | 9/3/2019                  | LIMIT  |    | 35,000    |
|             |                           |  |     |  | ,                        |                              |                           | OED  |    | 500       |
|             |                           |  |     |  | <u></u>                  | <u> </u>                     |                           |  |    |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Project #80984-B NHBPW VETERANS HOME Security Infrastructure Improvements and Fire Barrier Repairs Certificate holder and owner are additional insureds with respects to general liability, automobile and umbrella for both ongoing and completed operations on a primary and non-contributory basis when required by written contract.

| CERTIFICATE HOLDER  | CANCELLATION   |                       |
|---|--|-----------------------|
| State of New Hampshire<br>Department of Administrative Services | SHOULD ANY OF THE ABOVE DESC<br>THE EXPIRATION DATE THEREOF, N<br>ACCORDANCE WITH THE POLICY P |                       |
| Contract officer 7 Hazen Drive                                  | AUTHORIZED REPRESENTATIVE  |                       |
| Room 130<br>Concord, NH 03302-0483                              | Renee Skillings/RLS  | Rene Latellings, CR13 |

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| Celti   | incate indicate in lieu of si                    | ucii eliuois              | GILIGI | ua).          |   |   |  |                             |   |             |             |  |
|---|--|---------------------------|--------|---------------|---|---|--|-----------------------------|---|-------------|-------------|--|
| PRODUC  | ER   |                           |        |               |   | CONTAC  | Renee 5  | killings                    |   |             |             |  |
| THE R   | OWLEY AGENCY INC.                                |                           |        |               |   | PHONE (AC, No. Ext): (603) 224-2562 FAX (AC, No.): (603) 224-8012 |  |                             |   |             |             |  |
| 45 Co   | nstitution Avenue                                |                           |        |               |   | EMAN ADDRESS: rskillings@rowleyagency.com                         |  |                             |   |             |             |  |
| P.O.  | Box 511  |                           |        |               | •   | - ADDITU  | NAIC #   |                             |   |             |             |  |
| Conco   | rd   | NH 033                    | 302-   | 0511          |   | INSURF  | RA: Berkley  |                             | DING COVERAGE  V COMDANY                    |             | 31295       |  |
| INSURED   | i  |                           |        |               | <del></del>   | INSURE  |  |                             |   |             |             |  |
| State   | of NH Dept of Adm                                | uin Svcs                  | (OW)   | ŒR)           |   | INSURE  |  |                             |   |             |             |  |
| D.L.  | King & Associates,                               | Inc. (C                   | ONTE   | LACTO         | OR)   | INSURE  |  |                             |   |             |             |  |
| 27 Ta   | nglewood Drive                                   |                           |        |               |   | INSURE  |  |                             |   |             |             |  |
| Nashu   | n.   | ин 030                    | 62     |               |   | INSURE  |  |                             |   |             |             |  |
| COVE  | RAGES  | CER                       | TIFIC  | ATE           | NUMBER:19-20 #809   |   |  |                             | REVISION NUMBER:                            |             |             |  |
| INDIC   | ATED. NOTWITHSTANDING<br>IFICATE MAY BE ISSUED O | G ANY REQU<br>OR MAY PERT | IIREM  | ENT,<br>THE I | CE LISTED BELOW HAVE BEI<br>TERM OR CONDITION OF AN<br>NSURANCE AFFORDED BY T<br>MITS SHOWN MAY HAVE BE | Y CONT  | RACT OR OTH  | IER DOCUMEI<br>BED HEREIN I | NT WITH RESPECT TO W                        | HICH THIS   |             |  |
| INSR<br>LTR   | TYPE OF INSURANCE                                |                           | ADOL   | SUBR<br>WVD   | POLICY NUMBER   |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY)  | U   | MITS        |             |  |
|   | COMMERCIAL GENERAL LIA                           | BILITY                    |        |               |   |   |  |                             | EACH OCCURRENCE                             | \ <u>\$</u> | 2,000,000   |  |
| A _   | CLAIMS-MADE X                                    | OCCUR                     |        |               |   |   |  |                             | DAMAGETO RENTED<br>PREMISES (Ea occurrence) | 5 .         |             |  |
| <u> </u>  | Owners & Contractor                              | r#                        |        |               | CGL0112611  |   | 6/19/2019  | 6/19/2020                   | MED EXP (Any one person)                    | \$          |             |  |
|   | Protective Liabili                               | ty                        |        |               |   |   |  |                             | PERSONAL & ADV INJURY                       | \$          |             |  |
| GE  | N'L AGGREGATE UNIT APPLIES                       | PER:                      |        |               |   |   |  |                             | GENERAL AGGREGATE                           | 5           | 3,000,000   |  |
|   | POUCY PRO-                                       | ιœ                        |        |               |   |   |  |                             | PRODUCTS - COMPIOP AGG                      | 8           |             |  |
|   | OTHER:   |                           |        |               |   |   | _  |                             |   |             |             |  |
| . AU  | TOMOBILE LIABILITY                               |                           |        |               |   | 1   |  |                             | COMBINED SINGLE LIMIT<br>(Ea accident)      | \$          | ]           |  |
|   | ANYAUTO  |                           |        |               |   | i   |  |                             | BOOILY INJURY (Per person                   | 5           |             |  |
|   | ALL OWNED SCHI                                   | EDULED S                  |        |               |   |   |  |                             | BODILY INJURY (Per accided                  | x) \$       |             |  |
|   |  | -OWNED                    |        |               |   | ļ   |  |                             | PROPERTY DAMAGE<br>(Per accident)           | \$          |             |  |
|   |  | -                         |        |               |   |   |  |                             |   | \$          |             |  |
|   | UMBRELLA LIAB                                    | DCCUR                     |        |               |   |   |  |                             | EACH OCCURRENCE                             | s           |             |  |
|   | EXCESS LIAB C                                    | LAIMS-MADE                |        |               |   |   |  |                             | AGGREGATE                                   | 5           |             |  |
|   | DED RETENTION \$                                 |                           |        |               |   |   |  |                             |   | \$          |             |  |
|   | EXERS COMPENSATION                               |                           |        |               |   |   |  | _                           | PER OTH-                                    |             |             |  |
| ANY   | EMPLOYERS' LIABILITY<br>PROPRIETOR/PARTNER/EXECU | TIVE Y/N                  |        | ĺ             |   |   |  |                             | E.L. EACH ACCIDENT                          | \$          |             |  |
| (Mar  | CER/MEMBER EXCLUDED?                             | $\Box$                    | N/A    | i             |   |   |  |                             | E.L. DISEASE - EA EMPLOYE                   | E 8         |             |  |
| If ye   | s, describe under<br>CRIPTION OF OPERATIONS belo | Dw .                      |        |               |   |   |  |                             | E.L. DISEASE - POLICY LIMIT                 | \$          |             |  |
|   | · ·  |                           |        |               |   |   | . 1  |                             |   |             |             |  |
|   |  |                           |        |               |   |   |  |                             |   |             |             |  |
|   | 1011 OF ADDA TO 15 11 15 1-                      | NIB (148: 404 = -         |        | 00.400        | Addistant Computer School, to   | ba  | had if man are a   | a la manda 41               |   |             | i           |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Re: Project \$80984-B NHBPW VETERANS HOME Security Infrastructure Improvements and Fire Barrier Repairs |  |                           |        |               |   |   |  |                             |   |             |             |  |
| CERTIF  | ICATE HOLDER                                     |                           |        |               |   | CANC  | ELLATION   |                             |   |             |             |  |
| Insured   |  |                           |        |               |   |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                             |   |             |             |  |
|   |  |                           |        |               |   | AUTHOR  | ZED REPRESENT  | ATIVE                       |   |             |             |  |
|   | 1  |                           |        |               |   | Renee   | Skillings  | /RLS                        | Rence L.Ste                                 | llings.c    | RIS         |  |
|   | •  |                           |        |               |   |   | @ 108  | 8-2014 ACC                  | RD CORPORATION.                             | All dab     | ts reserved |  |



### CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

7/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

|             |               |                      | s being prepared                | d for a party who has an insurable into  | • •                                   | •  | s for    | m. Use ACORD 27   | or ACOF  | RD 28.  |  |  |  |  |
|-------------|---------------|----------------------|---------------------------------|--|---------------------------------------|--|----------|---|----------|---------|--|--|--|--|
| PRO         |               |                      |                                 |  |                                       | ee Skillings   |          |   |          |         |  |  |  |  |
|             |               | WLEY AGENO           |                                 |  |                                       | [AC, No. Ext): (003) 224-2302 [AC, No): (503) 224-8012 |          |   |          |         |  |  |  |  |
|             |               | stitution<br>lox 511 | Avenue                          |  | E-MAIL<br>ADDRESS: rsk                | illings@rowle  | yag      | ency.com  |          |         |  |  |  |  |
| 1           | cor           |                      | NU                              | 03302-0511   | PRODUCER                              | PRODUCER CUSTOMER ID: 00007629                         |          |   |          |         |  |  |  |  |
| 🐃           | COL           |                      | , MA                            | 03302-0311   | COSTORER ID.                          | INSURER(5) AFFORDING COVERAGE NAIC #                   |          |   |          |         |  |  |  |  |
| INSU        | RED           |                      |                                 |  | INSURER A · ACA                       | dia Insurance  |          |   |          | Name is |  |  |  |  |
| D.1         | K             | ing & Asso           | ciates, Inc                     | ., State of NH Dept of   | INSURER B :                           |  |          | ······································                    |          |         |  |  |  |  |
| Ada         | ii n          | Svcs and a           | ll subs on                      | the project $_i$   | INSURER C:                            | ,  |          |   |          |         |  |  |  |  |
| 27          | Tan           | glewood Dr           | ive                             | ·  | INSURER D :                           |  |          |   |          |         |  |  |  |  |
| Nas         | hua           |                      | NH                              | 03062  | INSURER E :                           |  |          |   |          |         |  |  |  |  |
|             |               |                      |                                 |  | INSURER F:                            |  |          |   |          |         |  |  |  |  |
| CO          | VER           | AGES                 |                                 | CERTIFICATE NUMBER: 19-20 #8   |                                       |  | RE       | VISION NUMBER:  |          |         |  |  |  |  |
|             |               |                      | ESCRIPTION OF PRO               | PERTY (Attach ACORD 181, Additional Remarks So   |                                       | required)  |          | <del>7,0,0,1,1,0,1,0</del>                                |          |         |  |  |  |  |
|             |               |                      |                                 | Winter St, Tilton, NH, 03276   | BEEN ICCUED TO T                      | HE INELIGED MANAGE                                     | ·D 45    | AOVE FOR THE BOLLO  | , DEDIO  |         |  |  |  |  |
| IN<br>CI    | DICA<br>ERTII | TED. NOTWIT          | HSTANDING ANY<br>EISSUED OR MAY | ES OF INSURANCE LISTED BELOW HAVE<br>REQUIREMENT, TERM OR CONDITION OF<br>PERTAIN, THE INSURANCE AFFORDED B<br>ICH POLICIES. LIMITS SHOWN MAY HAVE | ANY CONTRACT OF                       | R OTHER DOCUME   | NT V     | VITH RESPECT TO WH  | ICH THIS |         |  |  |  |  |
| INSR<br>LTR |               | TYPE OF IN           | <del></del>                     | POLICY NUMBER  | POLICY EFFECTIVE<br>DATE (MM/DO/YYYY) | POLICY EXPIRATION<br>DATE (MM/DD/YYYY)                 |          | COVERED PROPERTY  | ĺ        | LIMITS  |  |  |  |  |
|             |               | PROPERTY             | 1                               |  |                                       | · · · · · · · · · · · · · · · · · · ·                  |          | BUILDING  | s        |         |  |  |  |  |
|             | CAL           | SES OF LOSS          | DEDUCTIBLES                     |  |                                       |  | Г        | PERSONAL PROPERTY   | 5        |         |  |  |  |  |
|             |               | BASIC                | BUILDING                        | 1  |                                       |  |          | BUSINESS INCOME   | 5        |         |  |  |  |  |
|             |               | BROAD                | CONTENTS                        |  |                                       |  |          | EXTRA EXPENSE   | \$       |         |  |  |  |  |
|             |               | SPECIAL              | CONTENTS                        |  |                                       |  |          | RENTAL VALUE  | 5        |         |  |  |  |  |
|             |               | EARTHQUAKE           |                                 | 1  |                                       |  |          | BLANKET BUILDING  | s        | ·       |  |  |  |  |
|             |               | WIND                 |                                 | 1  |                                       |  | 一        | BLANKET PERS PROP   | s        | -       |  |  |  |  |
|             |               | FLOOD                |                                 |  |                                       |  |          | BLANKET BLDG & PP   | ,        |         |  |  |  |  |
|             |               |                      |                                 |  |                                       |  |          |   | ,        |         |  |  |  |  |
|             |               |                      |                                 |  |                                       | ,  | $\vdash$ |   | 5        |         |  |  |  |  |
| A           | х             | INLAND MARINE        |                                 | TYPE OF POLICY   |                                       |  | x        | JOBSITE LIMIT   | 1        | 614.000 |  |  |  |  |
|             | CAU           | SES OF LOSS          |                                 | Installation/Builders Risk   |                                       | ,  | x        | STORAGE LIMIT   | s        | 307,000 |  |  |  |  |
|             |               | NAMED PERILS         |                                 | POLICY NUMBER  |                                       | 1  | x        | IN TRANSIT LIMIT  | \$       | 307,000 |  |  |  |  |
|             | x             | SPECIAL FORM         |                                 | BR06192019   | 6/19/2019                             | 6/19/2020  | ×        | FLOOD/QUAKE (EACH)  | s        | 614,000 |  |  |  |  |
| _           |               | CRIME                |                                 | , """  |                                       |  | $\vdash$ |   | s        | 0247000 |  |  |  |  |
|             | TYP           | E OF POLICY          |                                 |  |                                       | <b> </b>   | $\vdash$ |   | s        |         |  |  |  |  |
|             |               |                      |                                 |  | 1                                     | ļ  | ┢        |   | \$       |         |  |  |  |  |
|             |               | BOILER & MACH        | INERY /                         |  | ·                                     |  | $\vdash$ |   | s        |         |  |  |  |  |
|             | $\dashv$      | EQUIPMENT BRE        | EAKDOWN                         |  | ;                                     |  | Т        |   | •        |         |  |  |  |  |
|             |               |                      |                                 |  |                                       |  |          | ·   | 5        |         |  |  |  |  |
|             |               |                      |                                 |  |                                       |  | 一        |   | 5        |         |  |  |  |  |
|             | P             | roject #8            |                                 | ach ACORD 191, Additional Remarks Schedule, if m<br>PW VETERANS HOME Security  |                                       | ure Improven   | en.      | ts and Fire Ba  |          |         |  |  |  |  |
|             | ,             |                      |                                 |  |                                       |  |          |   |          |         |  |  |  |  |
| CEF         | TIF           | CATE HOLD            | ER                              |  | CANCELLAT                             | ION  |          |   |          |         |  |  |  |  |
|             | I             | nsured               |                                 |  | THE EXPIRAT                           |  | , NO     | IBED POLICIES BE CAN<br>TICE WILL BE DELIVER<br>OVISIONS. |          | BEFORE  |  |  |  |  |
|             |               |                      |                                 |  | AUTHORIZED REP                        | RESENTATIVE  |          |   |          |         |  |  |  |  |
|             |               |                      | •                               |  | Ranaa Skill                           | inge/PIS   |          | Rener H. Stad   | lings,c  | RIS     |  |  |  |  |